IntrinsicDx™

The BioIron Laboratory™

Client Registration Form

CLIA ID#: 05D2087906
CAP#: 8958850
Medical Director: William Paxton, MD, PhD, FACP
www.IntrinsicDx.com

Please print clearly and complete entire form. ***Please note all fields on this form are required.***

INSTITUTION INFORMATION

Institution: ______________________________

Address: ______________________________

City: ____________ State: ________ Zip: ________ Country: ____________

Main Contact Name: ______________________ Phone: ____________ Ext: ______

Fax: ____________ Email: ______________________

PRIMARY CONTACT FOR SPECIMEN OR TESTING ISSUES (clarification of order, sample issues)

First Name: ____________ Last Name: ____________ Department: ____________

Address: ______________________ City: ____________

State: ________ Zip: ________ Country: ____________ Phone: ____________ Ext: ______

Fax: ____________ Email: ______________________

PRIMARY CONTACT FOR BILLING (submitting invoices, obtaining POs, billing questions)

First Name: ____________ Last Name: ____________ Department: ____________

Address: ______________________ City: ____________

State: ________ Zip: ________ Country: ____________ Phone: ____________ Ext: ______

Fax: ____________ Email: ______________________

Contact for Billing (Additional Required Billing Information)

Does your institution require a PO in order to invoice? ☐ Yes ☐ No

Is IntrinsicDx required to be set up as a vendor at your institution ☐ Yes ☐ No

If yes, please email all applicable paperwork and instructions to clientservices@intrinsicdx.com or fax to +1-858-459-7777.

New clients should complete this form and fax (+1-858-459-7777) or email (clientservices@intrinsicdx.com) prior to submitting the first test order. Following registration, the institution will be assigned an account number for future test orders, please include the account number in the account number section on the Laboratory Requisition Form to ensure accurate and timely billing. Please note that all tests will be billed to the institution.

Signature: ______________________ Date: ____________

Name: ______________________ Title: ____________

For IntrinsicDx Use Only

Account #: ____________ Credit Limit: ____________

Date: ____________ Initails: ____________

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